

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) D/A 3267 (1508/3940)															
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____		In re Application of Lisa S. Purvis et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/757,688</td> <td style="width: 50%; padding: 2px;">Filed 1/14/2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For A SYSTEM AND METHOD FOR DYNAMIC DOCUMENT LAYOUT</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2178</td> <td style="padding: 2px;">Examiner Wilson Tsui</td> </tr> </table>		Application Number 10/757,688	Filed 1/14/2004	For A SYSTEM AND METHOD FOR DYNAMIC DOCUMENT LAYOUT		Group Art Unit 2178	Examiner Wilson Tsui								
Application Number 10/757,688	Filed 1/14/2004																
For A SYSTEM AND METHOD FOR DYNAMIC DOCUMENT LAYOUT																	
Group Art Unit 2178	Examiner Wilson Tsui																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="text-align: right;">\$ <u>1,110</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"> _____ /Gunnar G. Leinberg/ Signature </td> <td style="width: 50%; text-align: center;"> _____ March 15, 2010 Date </td> </tr> <tr> <td style="width: 50%; text-align: center;"> _____ Gunnar G. Leinberg Typed or printed name </td> <td style="width: 50%; text-align: center;"> _____ (585) 263-1014 Telephone Number </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ <u>1,110</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____	_____ /Gunnar G. Leinberg/ Signature	_____ March 15, 2010 Date	_____ Gunnar G. Leinberg Typed or printed name	_____ (585) 263-1014 Telephone Number
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____																
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____																
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ <u>1,110</u>																
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____																
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____																
_____ /Gunnar G. Leinberg/ Signature	_____ March 15, 2010 Date																
_____ Gunnar G. Leinberg Typed or printed name	_____ (585) 263-1014 Telephone Number																
<input type="checkbox"/> Total of _____ forms are submitted.																	

SEND TO: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450